

Registrar's No.  
Birth No. 134 -

(Enter all information below item captions)

CHILD’S PERSONAL DATA

1. NAME OF CHILD BEFORE ADOPTION

2. NAME OF CHILD AFTER ADOPTION

3. PLACE OF BIRTH (City or village, county, state)

4. DATE OF BIRTH (Month, Day, Year)

5. SEX

ADOPTIVE PARENT(S)’ PERSONAL DATA

The following information is to be given as of date of child’s birth entered in Item 4.

Relation to child – (Check one)  
**FATHER**  
☐ Adoptive Father    ☐ Natural Father

Relation to child – (Check one)  
**MOTHER**  
☐ Adoptive Mother    ☐ Natural Mother

FATHER’S NAME (First, Middle, Last)

MOTHER’S NAME (First, Middle, Maiden Last)

DATE OF BIRTH (Month, Day, Year)

BIRTHPLACE (State or foreign Country)

DATE OF BIRTH (Month, Day, Year)

BIRTHPLACE (State or foreign Country)

RACE (Specify – American Indian, Black, White, etc.)

ORIGIN OR DECENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. – Specify)

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ORIGIN OR DECENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. – Specify)

EDUCATION  
(Specify only highest grade completed)  
Elementary/Secondary School (0-12)    College (1-4, 5+)

OF HISPANIC ORIGIN?  
☐ YES    ☐ NO (If yes – specify Cuban, Mexican, Puerto Rican, etc.)

EDUCATION  
(Specify only highest grade completed)  
Elementary/Secondary School (0-12)    College (1-4, 5+)

OF HISPANIC ORIGIN?  
☐ YES    ☐ NO (If yes –specify Cuban, Mexican, Puerto Rican, etc.)

OCCUPATION AND BUSINESS/INDUSTRY  
Occupation                      Business/Industry

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**OTHER REQUIRED INFORMATION**  
(From original birth certificate)

MOTHER’S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)

ATTENDANT’S NAME

(City, Town, or Location, County, State, Zip)

MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)

PREGNANCY HISTORY  
(Complete each Section)  
Previous pregnancies and adoptions by this mother. (NOTE – include only older children and pregnancies terminated prior to the birth of this child.)

☐ M.D    ☐ D.O    ☐ C.N.M    ☐ Other Midwife    ☐ Other (**Specify Below**)

REGISTRAR’S NAME

DATE FILED BY REGISTRAR (Month, Day, Year)

LIVE BIRTHS  
(Do not include this Child)

Now living          Now Dead

Number                Number

☐ None                 ☐ None

DATE OF LAST LIVE BIRTH  
(Month, Year)

OTHER TERMINATIONS  
(Spontaneous and Induced)

Before 20 weeks      20 weeks or later

Number                Number

☐ None                 ☐ None

DATE OF LAST OTHER TERMINATION  
(Month, Year)

PARENT’S PRESENT MAILING ADDRESS                      (Street or R.F.D. No.)                      (City or Village)                      (State)                      (Zip Code)

ATTORNEY’S NAME AND ADDRESS                      (Street or R.F.D. No.)                      (City or Village)                      (State)                      (Zip Code)

## CERTIFICATION

PROBATE COURT, LAKE COUNTY, OHIO.

I hereby certify that the child named about was adopted on \_\_\_\_\_ by \_\_\_\_\_

as forth in the final decree of adoption, Case No. \_\_\_\_\_, Date \_\_\_\_\_

\_\_\_\_\_  
Probate Judge      By \_\_\_\_\_ Deputy Clerk